

PART B - FEE(S) TRANSMITTAL

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7590

01/15/2008

MILLS & ONELLO LLP
 Suite 605
 Eleven Beacon Street
 Boston, MA 02108

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Christina Harris	(Depositor's name)
<i>CH</i>	(Signature)
4/9/2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/023,424

12/12/2001

John J. Hart III

ECD-0004

2326

TITLE OF INVENTION: OPTICAL STORAGE MEDIUM HAVING DISTORTION REGIONS, AND A METHOD OF MODIFYING AN OPTICAL STORAGE MEDIUM TO INCLUDE DISTORTION REGIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1440

\$0

\$1400

\$1440

04/15/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
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DINH, TAN X

2627

369-275500

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 MILLS & ONELLO LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ECD Systems, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Marstons Mills, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☐ Publication Fee (No small entity discount permitted)

☒ Advance Order - # of Copies 10

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501798 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Christina Harris

Date

April 9, 2008

Typed or printed name Christina Harris

Registration No. 38,572

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